

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008747

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27613 Primary Registration District No. 201328/1 Registrar's No. 2360

STATE FILE NUMBER

FILED MAR 7 1962 318

1003

VS 300  
Rev. 4/59

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USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO.

Length of stay in 1b

34 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

KIRKWOOD

d. STREET ADDRESS

(If outside, give location)

1517 ANN AVE.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

THOMAS

A

SMALLWOOD

4. DATE OF DEATH

Month

Day

Year

2/27/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐Widowed ☒Never Married ☐Divorced ☐

8. DATE OF BIRTH

12/31/97

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

KIRKWOOD, MO.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES ROBERT SMALLWOOD

13b. MOTHER'S MAIDEN NAME

MARY ELLEN CODY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EILEEN SMITH (DAU) SEE # 2

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PULMONARY EMPHYSEMADUE TO (c) 527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female: was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

I. Attended the deceased from 1/24/62 to 2/27/62 and last saw him alive on 2/27/62Death occurred at 9:08 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

ALOYSE J. PROSKY M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

2/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

March 2

23c. NAME OF CEMETERY OR CREMATORY

National B.

23d. LOCATION (City, town, or county)

St. Louis

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bass Chapel Kirkwood

25. DATE RECD. BY LOCAL REG.

FEB 28 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Francis J. Wyland Jr.*

Licensed Embalmer No.

*4512*

P. O. Address

*Kirkland, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.